

My

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS 2019 MAY - 6 AM 11:28
EASTERN DIVISION

✓ FILED

PEOPLE OF THE STATE OF ILLINOIS)
ex rel. KWAME RAOUL, Attorney General)
of the State of Illinois,)
Plaintiff,)
)
v.)
)
SUBURBAN EXPRESS, INC.; ALLERTON)
CHARTER COACH, INC.; and DENNIS)
TOEPPEN, individually and in his official)
capacity as owner,)
Defendants.)

MAY - 6 2019

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

No. 1:18-cv-2861
Judge Andrea R. Wood

FILING TO ADVISE COURT AND PLAINTIFF OF CHANGES TO
DEFENDANTS' WEBSITES AND OPERATIONS

- 1) Suburban Express website, other than lost and found form, ndil.html, and announcement of cessation of business, will be taken down as of 5/7/19.
- 2) Suburban Express is ceasing operations 5/7/19.
- 3) Allerton Charter Coach is ceasing operations, other than movements related to disposition of vehicles, on 5/7/19. Attached form MCS-150 was mailed to FMCSA/DOT on May 2, 2019. MCS-150 notifies FMCSA of end of operations and causes operating authorities and DOT number to be voided.
- 4) Allerton Charter Coach website is down and has been down for more than a week.
- 5) Illini Shuttle website, other than lost and found form and announcement of cessation of business, will be taken down as of 5/7/19.

- 6) Wind-down accounting will take place over next 4-8 weeks.
- 7) Allerton Charter Coach, Inc and Suburban Express, Inc are being dissolved as soon as accounting wind-down accounting is completed, and hopefully no later than July 31.
- 8) The above actions render state's recent motions moot, and seem to render most of the consent decree moot. They obviate the need for court to devote further resources to this matter.
- 9) The \$100k payment required by consent decree will be made by approximately May 15, months ahead of schedule.
- 10) Defendants continue to be agreeable to extending Consent Decree by a few weeks to make state whole for initial delayed compliance and for compliance which began during 30 day cure period.
- 11) Green River Lines, of Peru, IL has indicated that they will be offering bus service to and from University of Iowa beginning this fall.
- 12) We have decided not to facilitate or aid in replacement of Champaign-Urbana service. Instead, we prefer to sit on the sidelines and watch as competitor's fares rise, frequency falls, and passenger injuries and fatalities increase. We understand that competitor had a ten injury accident only a few weeks ago at Onarga, IL on I-57. We have never had a passenger injury or fatality in 35 years.
- 13) Defendants appreciate Judge Wood's patient, compassionate, empathetic, courteous, intelligent, and professional handling of this matter, as well as other matters observed while waiting for status calls.
- 14) Defendant Toeppen's reason for undertaking above actions: "I stopped enjoying this business around 2001, and I think it's beginning to show."

I declare under penalty of perjury that the foregoing is true and correct.



Dennis Toeppen

Respectfully submitted May 2, 2019 by Defendant Toeppen,
representing himself and both of his businesses in his role of sole
stockholder and president of both.

Exhibit A

MCS-150

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399. Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The valid OMB Control Number for this information collection is 2126-0013. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Motor Carrier Identification Report
(Application for USDOT Number)

FORM MCS-150

REASON FOR FILING (select only one):

New Application Biennial Update or Changes Out of Business Notification Reapplication (after revocation of new entrant)

effective 5/7/19

1. **LEGAL BUSINESS NAME:** Allenton Charter Coach, Inc.

2. **DOING BUSINESS AS NAME** (if different from Legal Business Name): _____

3-7. **PRINCIPAL PLACE OF BUSINESS:**

1502 Airport Rd Urbana, IL 61802

3. STREET ADDRESS/ROUTE NUMBER 4. CITY 5. STATE/PROVINCE 6. ZIP CODE 7. COLONIA (Mexico only)

8-12. **MAILING ADDRESS:** Same as Principal Address Mailing address below:

Po Box 17221 Urbana, IL 61803

8. STREET ADDRESS/ROUTE NUMBER 9. CITY 10. STATE/PROVINCE 11. ZIP CODE 12. COLONIA (Mexico only)

13-15. **CONTACT NUMBERS:**

217 344 2600

13. PRINCIPAL BUSINESS PHONE NUMBER 14. PRINCIPAL CONTACT CELL PHONE NUMBER 15. PRINCIPAL BUSINESS FAX NUMBER

16-19. **IDENTIFICATION NUMBERS:**

1351172 518723

16. USDOT NUMBER 17. MC or MX NUMBER 18. DUN & BRADSTREET NUMBER

37 1416386

19. IRS/TAX ID NUMBER
(see instructions before completing this section)

20. **E-MAIL ADDRESS:** _____

21. **CARRIER MILEAGE** (to nearest 10,000 miles for the previous 12 months): _____

22. **COMPANY OPERATIONS** (check all that apply):

A. Interstate Carrier B. Intrastate Hazmat C. Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper

23. **OPERATION CLASSIFICATIONS** (check all that apply):

<input checked="" type="checkbox"/> A. Authorized For-Hire	<input type="checkbox"/> D. Private Motor Carrier of Passengers (Business)	<input type="checkbox"/> G. U.S. Mail	<input type="checkbox"/> L. Other:
<input type="checkbox"/> B. Exempt For-Hire	<input type="checkbox"/> E. Private Motor Carrier of Passengers (Non-Business)	<input type="checkbox"/> H. Federal Government	<input type="checkbox"/>
<input type="checkbox"/> C. Private Property	<input type="checkbox"/> F. Migrant	<input type="checkbox"/> I. State Government	<input type="checkbox"/>
		<input type="checkbox"/> J. Local Government	<input type="checkbox"/>
		<input type="checkbox"/> K. Indian Tribe	<input type="checkbox"/>

24. CARGO CLASSIFICATIONS (check all that apply):

<input type="checkbox"/> A. General Freight	<input type="checkbox"/> I. Machinery, Large Objects	<input type="checkbox"/> Q. Coal/Coke	<input type="checkbox"/> Y. Paper Product
<input type="checkbox"/> B. Household Goods	<input type="checkbox"/> J. Fresh Produce	<input type="checkbox"/> R. Meat	<input type="checkbox"/> Z. Utility
<input type="checkbox"/> C. Metal: Sheets, Coils, Rolls	<input type="checkbox"/> K. Liquids/Gases	<input type="checkbox"/> S. Garbage, Refuse, Trash	<input type="checkbox"/> AA. Farm Supplies
<input type="checkbox"/> D. Motor Vehicles	<input type="checkbox"/> L. Intermodal Container	<input type="checkbox"/> T. U.S. Mail	<input type="checkbox"/> BB. Construction
<input type="checkbox"/> E. Drive Away/Towaway	<input checked="" type="checkbox"/> M. Passengers	<input type="checkbox"/> U. Chemicals	<input type="checkbox"/> CC. Water Well
<input type="checkbox"/> F. Logs, Poles, Beams, Lumber	<input type="checkbox"/> N. Oil Field Equipment	<input type="checkbox"/> V. Commodities Dry Bulk	<input type="checkbox"/> DD. Other:
<input type="checkbox"/> G. Building Materials	<input type="checkbox"/> O. Livestock	<input type="checkbox"/> W. Refrigerated Food	
<input type="checkbox"/> H. Mobile Homes	<input type="checkbox"/> P. Grain, Feed, Hay	<input type="checkbox"/> X. Beverages	

25. HAZARDOUS MATERIALS (Carrier or Shipper) (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

	C	S	B	NB		C	S	B	NB		C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. DIV 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. CLASS 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. CLASS 3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. ELEVATED TEMP. MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DIV 2.2D (Ammonia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NN. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.1 POISON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OO. ORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

26. NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.:

Owned	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)								
							School Bus		Bus		Passenger Van		Limousine		
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+
Owned	0	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Term Leased	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trip Leased	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

27. DRIVER INFORMATION:

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius				
Beyond 100-Mile Radius				

28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?

Yes No If yes, enter your USDOT Number: _____

29. COMPLIANCE CERTIFICATION:

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.

YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm.

30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS AND TITLES

(e.g., president, treasurer, general partner, limited partner)

1. _____
2. _____

(please type or print names)

31. CERTIFICATION STATEMENT (to be completed by authorized official):

I, Dennis Toeppen, (please type or print name) certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature: Dennis Toeppen

Title: President
(please type or print)

Date: 5/3/19



404-2285

Please file
me.

Thank you.